Wisconsin Bureau of Health Information

Physician Office Visit (POV) Data

Wisconsin Physician Office Visit

Data User Guide: Public Use Data Files

Reporting Year 2003, Period 3

2003 - 3

Wisconsin
Physician Office Visit
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April 2004

Bureau of Health Information
Division of Health Care Financing
Wisconsin Department of Health and Family Services

Release Note:

There are no changes to the Data User Guide for Reporting Year 2003, Period 3.

For 2003 data release, there is a specific POV Data User Guide for each reporting period, allowing revisions and modifications to be incorporated as feedback is received.

The Data User Guide for Reporting Year 2003, Period 2 had only one minor modification from the previous Period 1 Guide:

- Added a lookup list for submitter ID and submitter organization name in the specification of Affirmed Record ID (pp. 12-13).

The Data User Guide is intended to provide in-depth details for released data elements and data collection processes. We recommend that data users also use the POV Data Submission Manual if more comprehensive information is desired.

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Introduction

The Wisconsin Physician Office Visit (POV) data program involves dynamic data exchange and data retention activities between the Bureau of Health Information (BHI) and physicians or their delegates. One of the program's major objectives is to create standard datasets that can be used to understand health care services rendered in an outpatient office setting.

The specific objective of the POV program is to provide a centralized warehouse for the collection, processing, and release of Wisconsin physician office visit data. Also, because data collection has been ongoing for inpatient hospital discharges, emergency department visits, and ambulatory surgery procedures, the POV data can be linked to existing databases to provide a better understanding of health care utilization and expenditures in Wisconsin. The resulting system also permits analysis of charges and volume of services by plan, physician specialty, and geographic locale; the distribution of diseases and procedures across patient demographics; and practice patterns across care settings and physicians.

Authority

Under the provisions of Chapter 153, Wisconsin Statutes, and HFS 120, Wisconsin Administrative Code, DHFS is charged with the responsibility for the collection, analysis and dissemination of health care data. This statute mandated DHFS to expand its data collection efforts to include information reflecting health care and services delivered in physician offices on an outpatient basis. DHFS assigned the Bureau of Health Information (BHI) the responsibility for administering the POV data collection program, in cooperation with the Board on Health Care Information.

Chapter 153 provides comprehensive guidelines for health care data collection, information dissemination, report analysis, and confidentiality protection. HFS 120.14 provides details pertaining to the POV data collection program, such as data elements to be collected and released, verification processes, and adjustment methods. Chapter 153, Wisconsin Statutes, is available at: http://www.legis.state.wi.us/rsb/stats.html, and HFS 120, Wisconsin Administrative Code, is available at: http://www.legis.state.wi.us/rsb/code/index.html.

Overview of the POV Public Use Data Files

Within each reporting period, physicians or their delegated data submitters submit information on services provided by physicians in an office setting. Following a data quality assessment and improvement process, BHI creates public use data files, standard reports, custom data files and reports, and Web-based information

products similar to those it has produced from hospital inpatient discharge data, emergency department data, and ambulatory surgery data.

The majority of data contents and specifications in the public use data files are consistent with the original data elements defined in the POV Data Submission Manual. Regulations and data standards set forth in the Health Insurance Portability and Accountability Act (HIPAA) of 1996 are followed to protect patient's privacy and confidentiality. HIPAA requirements supersede state law unless state law is more stringent. POV is designed to comply with all HIPAA requirements related to patient confidentiality.

Although BHI's standard public use data files will meet many users' information needs, some people will require additional information or information configured differently. BHI will work with requestors to help define their needs and develop appropriate customized data files and reports.

In sum, POV information is expected to provide insights about outpatient health care services delivered by Wisconsin physicians. The public use data files will provide information about the most frequent outpatient procedures and associated charges, and will assist in determining the difference in charges for those procedures when performed in an outpatient versus an inpatient care setting. In combination with information from other health care providers, the data will provide an opportunity to better understand and improve the health status of Wisconsin communities, the operation of the health care system and the health care decisions made by consumers, policymakers and purchasers.

The POV public use data files may also provide consumers with information about for doctors who treat patients with problems similar to theirs; provide insights to providers about practice patterns; enable health care purchasers to conduct market analyses; and help policymakers learn more about the health status and health care utilization of Wisconsin citizens. Expanded and innovative uses of the POV data will emerge as data users gain knowledge and experience with the new information.

Data Release Schedule

Physicians or their qualified submitters/vendors are required to submit, correct, and affirm their POV service data for each reporting period. Details of the deadlines and processing schedules are provided in the first section of the POV Data Submission Manual.

After completion of data verification, the data contents are affirmed by physicians or their delegates as accurate and complete. The Department then releases the data containing non-patient identifiable information for public use. The POV Public Use Data Files are created based on reporting years and periods. Details of

the data release schedule and timeline are provided in the "Data Collection and Release" section.

Independent Review Board

Chapter 153.67, Wisconsin Statutes, creates an Independent Review Board (IRB), members of which are appointed by the Governor. The IRB must review and approve requests for the release of physician office visit data that exceed what is permitted in the public use data file. Data elements that the IRB may add to the public use data files include: physician specialty, practice type, medical group affiliation, and physician identification. Data elements that may only be released after a case-by-case IRB review and approval include: patient zip code of residence, patient age, and patient birth month or year.

Disclaimer

POV does not yet represent the universe of all physicians in Wisconsin or all services delivered by physicians. Therefore, POV data should not be used to make inferences regarding the entire Wisconsin population of either physicians or citizens.

Contact Information

BHI welcomes any suggestions to improve this User Guide and the POV Public Use Data Files. Your comments and suggestions will make the POV system better and easier to use.

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    Division of Health Care Financing
    Department of Health and Family Services
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Although BHI will make every effort to notify all data users of any updates to the User Guide, users should periodically check for new information online. For the latest revision and updates to this guide, please visit the Web site at:
http://dhfs.wisconsin.gov/healthcareinfo/pov/index.htm

Data Collection and Release

The POV data program collects a diverse range of information on services delivered by licensed physicians, practicing in a Wisconsin office setting.

Scope

Reportable physician office visit data include all procedures or services provided by Wisconsin physicians on an outpatient basis. Physicians are licensed medical professionals who hold one of two types of licenses from the State of Wisconsin:

- Doctor of Medicine
- Doctor of Osteopathy

Outpatient office settings include, but are not limited to, locations where place-of-service codes, as defined by the Centers for Medicare and Medicaid Services, are:

- 11 (office visit)
- 22 (outpatient hospital)
- 26 (military treatment facility)
- 50 (federally qualified health center)
- 71 (state or local public health clinic)
- 72 (rural health clinic)

Each POV record reports one charge for one procedure or service performed by a physician. If multiple procedures are performed by a physician for one patient on the same day, then a POV record for each charge/service/procedure is submitted and BHI stores it in the data files.

POV data collection utilizes a staged implementation, consisting of three phases:

- *Phase I* - 8,500 physicians from 13 large health care organizations, located in various regions of Wisconsin (date: 2002-2003).
- *Phase II* - 11 additional large and 25 mid-size health care organizations, resulting in 90% data collection from all practicing physicians (date: 2004).
- *Phase III* - Small independent clinics and self-employed physicians (date: To be determined).

The public use data for Reporting Year 2003 consists only of service information reported by submitters and physicians participating in the Phase I data collection.

Reporting and Release Dates

The physician office visit service records submitted for each reporting period are for **those reportable physician office visit services for which the "posting date" plus 60 calendar days falls within the reporting period**. In other words, the posting date is used to determine whether a record should be included in a specific reporting year and period, rather than the date a patient's visit to a physician takes place (i.e., service date).

The data submission deadline for a physician visit depends on the *posting date* of the patient's charges for that visit. *Posting date* is the date of posting the patient's charges into the provider's accounting books (electronic charge-based data system). The data submission deadline will fall according to the "posting + 60 calendar days" guideline. For POV data submission, the *posting date* plus 60 calendar days is the *data maturity date*.

For instance, a patient sees his/her physician on March 12. The *posting date* is April 17. Adding 60 calendar days to the *posting date* means the *data maturity date* is June 15. June 15 falls into the second quarter, making the data reportable for the second quarter and due on July 31. Thus, due to the use of the *posting date*, it is possible for the date of service of a record to occur sometime before the reporting year and period in which it is submitted.

A general timeline of data submission, correction, affirmation, and release is listed by each reporting period as follows:

Table 1. Data Processing and Release Timelines

Period	Date	Data Submission Deadline	Anticipated Data Release Date
1	1/1 - 3/31	4/30	7/1
2	4/1 - 6/30	7/30	10/1
3	7/1 - 9/30	10/30	1/3
4	10/1- 12/31	1/30	5/1

Data Definition Standards

The POV data collection program adopts the element and transaction standards specified in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). More specifically, because of the outpatient service characteristics, the POV data standards are mainly based on the implementation guide for the ANSI ASC X12N 837 Health Care Claims (837) transaction for professional claims and/or encounters. The requirements and specifications of the data standards adopted include data definitions, component structures and types, code values, and data use.

Data Processing and Quality

HFS 120, Wis. Admin. Code, requires the Department to "check the accuracy and completeness of all submitted data." Physicians licensed by and practicing in the State of Wisconsin and using electronic billing are required to submit their outpatient service data for each reporting period, although physicians may transfer data submission responsibility to qualified submitter/vendor organizations. All of the clinic or medical groups in the first phase of POV data collection have agreed to accept data submission responsibility for their physicians.

Under the statute, the submitted POV data contents must be examined and verified through data editing and affirmation processes. The data verification process occurs in three stages: batch submission, data summary, and data affirmation.

Batch Submission. When a POV data file is sent to BHI, a series of standard processing reports is generated in response to any potential errors detected in the submitted file. Those reports provide feedback to data submitters on the quality and statistics of the submitted files and problematic records. The data submitters correct data errors in those problematic records, then re-submit them to BHI for another verification process.

Data Summary. At the end of each data submission period, BHI provides a set of data summary reports, consisting of all the remaining problematic data and records needed to be corrected in the reporting period. The physicians or their qualified submitters/vendors must correct the errors and complete resubmission within 15 days of receipt of the data summary reports.

Data Affirmation. After completion of the data summary process, a final physician data profile report is generated along with an affirmation statement. A physician is required to affirm that, to the best of the physician's or her/his delegated designee's knowledge, the POV data summarized in the profile, together with any corrections, additions, or deletions that were subsequently made, are complete and accurate. In addition, each physician is given the opportunity to provide comments on her or his data to BHI. In turn, BHI will include a file of any physician comments received with the public use data files.

Data Elements

This section provides users with necessary information about data elements and their specifications in order to understand the data in the POV Public Use Data Files.

Patient Confidentiality

Chapter 153, Wisconsin Statutes, prohibits the use in publicly released health care data of patient identifiers such as names, addresses or Social Security Numbers; restricts the collection or use of certain patient data elements, specifically related to employment, date of illness and Zip code of residence; and provides sanctions for the inappropriate use of BHI data. In essence, the Department of Health and Family Services, in cooperation with Independent Review Board, is required to protect the identity of patients, patients' employers, and health care providers by all necessary means in the POV Public Use Data Files, including the following:

- Not releasing patient identifiers.
- Using calculated and aggregate variables.
- Specifying counties of residence rather than Zip codes.
- Using 5-year categories for age rather than exact age.
- Not releasing information with exact service dates (e.g., admission, discharge, and procedure dates).
- Masking sensitive diagnoses and procedures and grouping specific diagnoses and procedures into larger categories.

An overview of the collected data elements and how they may be released is summarized in Table 2 of the Releasable Data subsection. Public use data are not released until physicians or their delegated designees have affirmed that the data is accurate and complete.

Data That Can Be Released

Criteria for selecting the data elements to be included in the POV Public Use Data Files are promulgated in s.153.45(1), Wis. States., "Release of data," and HFS 120.31(3), Wis. Admin. Code, "Data dissemination." The public use data files are designed to provide general health care information to a wide spectrum of users. It is essential for the Department to ensure that individual patients cannot be *directly or indirectly* identified from the files.

The contents of releasable data elements are provided either in an original format or a calculated-variable format, depending on statutory requirements. The calculated-variable format is used to protect patient confidentiality and anonymity when a data element may contain individual-level identifiable or sensitive

information. The value of the calculated variable is computed from an original data item or derived using another data source.

The POV data file available for public use includes the following information for each physician-provided service: procedure codes, diagnosis codes, charges, payer type, patient's age group, sex, county of residence, practice site, and calendar quarter. More specifically, s.153.45(1)(b)2, Wis. States., stipulates that the POV Public Use Data Files may include only:

a. The patient's county of residence.
b. The payment source, by type.
c. The patient's age category, by 5-year intervals.
d. The patient's procedure code.
e. The patient's diagnosis code.
f. Charges assessed with respect to the procedure code.
g. The name and address of the facility in which the patient's services were rendered.
h. The patient's sex.
i. Information that contains the name of a health care provider that is not a hospital or ambulatory surgery center, if the Independent Review Board first reviews and approves the release or if the Department promulgates rules that specify circumstances under which the Independent Review Board need not review and approve the release.
j. Calendar quarters of service, except if the Department specifies by rule that the number of data elements included in the public use data file is too small to enable protection of patient confidentiality.
k. Information other than patient-identifiable data, as defined.

Notice that the POV Public Use Data Files consist of only a subset of the submitted data elements in POV records. Nevertheless, there are additional data elements allowed to be released with approval of the Independent Review Board (IRB). Comprehensive details of data elements collected in POV data collection can be found in the "POV Service Data" section of the POV Data Submission Manual. For the latest revision and updates to the POV Data Submission Manual, please visit DHFS's Web site at:

http://dhfs.wisconsin.gov/healthcareinfo/pov/index.htm

Table 2 provides is a summary list of POV data elements and how they may be released. "Released in Public Use Files" indicates that the corresponding element is included in the POV Public Use Data Files. "May Be Released with IRB Approval" specifies that the corresponding element can be acquired upon the IRB approval. "Not Releasable" data elements are not permitted to be released to the public, but are used to identify records to data submitters during quality editing and correcting and may be used for record linkage by BHI.

Table 2. Overview of POV Data Elements and How They May Be Released.

Element/Subset Name	Released in Public Use Files	May Be Released with IRB Approval	Not Releasable
Physician affiliated organization			
Organization ID	●		
Organization name	●		
Employer identification number (EIN)			●
Physician's name and identification			
Name (last, first, middle, suffix)		●	
Wisconsin physician license number		●	
National provider identifier (NPI)		●	
EIN		●	
UPIN		●	
Clinic or service facility information			
Facility name	●		
Facility type		●	
Street address 1	●		
Street address 2	●		
City name	●		
State code	●		
Zip code	●		
Patient information			
Birth date			●
Age in years		●	
Age group	●		
Gender	●		
Zip code of residence		●	
county of residence	●		
Payer information			
Primary payer category	●		
Secondary payer category	●		
Diagnosis			
Principal diagnosis	●		
Diagnosis 2	●		
Diagnosis 3	●		
Diagnosis 4	●		
Diagnosis 5	●		

Element/Subset Name	Released in Public Use Files	May Be Released with IRB Approval	Not Releasable
Diagnosis 6	●		
Diagnosis 7	●		
Diagnosis 8	●		
Service date			
Date of service		●	
Service year	●		
Service quarter	●		
Place of service		●	
Procedure and modifier			
Procedure code	●		
Modifier 1		●	
Modifier 2		●	
Modifier 3		●	
Modifier 4		●	
Procedure charges information			
Days or units basis type		●	
Quantity		●	
Procedure charges	●		
Total charge in a claim		●	
Whether the provider accepts assignment			
Assignment in general		●	
Medicare assignment		●	
Outside lab information			
Tests were sent to an outside lab		●	
Outside lab charges		●	
Patient condition related to employment, auto accident, or other accident			
Condition Related Cause 1		●	
Condition Related Cause 2		●	
Condition Related Cause 3		●	
Whether a patient is pregnant		●	
Date of current illness, injury, or pregnancy			
Onset of current symptom/illness		●	
Date of accident		●	
Date of last menstrual period		●	

Element/Subset Name	Released in Public Use Files	May Be Released with IRB Approval	Not Releasable
Referring physician information			
Name (last, first, middle, suffix)		•	
NPI		•	
EIN		•	
UPIN		•	
Service billing information			
Name of individual/organization		•	
Individual/organization indicator		•	
Street address 1		•	
Street address 2		•	
City name		•	
State code		•	
Zip code		•	
NPI		•	
EIN		•	
UPIN		•	
Encrypted case identifier			•
Patient control or account number			•
Medical record or chart number			•
Prior authorization number			•

Data Element Specifications for Public Use Files

This subsection specifies the characteristics and contents of data elements in the POV Public Use Data Files. The data element specifications are organized by the order of elements that are present on a record. Each data element is defined in detail on a data element specification sheet. The format for the specification sheets is illustrated in the following example:

- Element Name: The name of the data element assigned within Chapter 153, Wisconsin Statutes. It is always listed at the top of the specification sheet.

- Subset Number: Every data element is assigned a unique subset number for identification and editing purposes during the data submission process. The subset number allows the user

to link this element back to the corresponding data element in the POV Data Submission Manual.

- Variable Name: An extended identification for data elements used in the POV Public Use Data Files.

- Definition: A narrative statement that defines the data element.

- Type: The characteristic feature of an element. Data element types include:

  ❑ Numeric: A numeric element consisting of one or more digits representing a value in the normal base of 10. The value of a numeric element may include a decimal point. The abbreviation for this data element type is "Num.".

  ❑ String: A string data element can be one (stand-alone) character or a sequence of any characters. Character strings are left-justified without leading spaces. The abbreviation for this data element type is "Str.".

- Length: The character length of each data element. The length is the number of character positions used. Based on the nature of an element, each of the data elements is assigned a pre-specified length, with a maximum length if necessary.

- Value: Code used for a data element, and definitions corresponding to the code.

- Specification: More detailed information for the data element, such as sources, applicability, code setting, and so forth.

Affirmed Record ID

Subset Number: Not Available

Variable Name: affirmed_record_id

Definition: A unique record identification number provided by BHI for each released record.

Type: String

Length: 7-13 positions

Value: 0315011234567

Specifications:
1. Each released record is assigned a unique record identification string by BHI after being affirmed by a physician or data submitter.
2. The first two (2) positions represent the reporting year in a two-digit format.
3. The third position indicates the reporting period of the affirmed record.
4. The fourth, fifth, and sixth positions consist of a submitter ID number indicating the record source of origin.

ID	Name
501	Dean Health System
502	University of Wisconsin – Medical Foundation
503	The Marshfield Clinic
504	Gundersen Clinic Ltd.
505	Aurora Health Care
506	Covenant Heathcare
507	Medical College of Wisconsin
508	Beloit Clinic, S.C.
509	Group Health Cooperative of South Central Wisconsin
510	Mercy Health System
511	Luther Midelfort MRP
513	ThedaCare Health Systems
514	Franciscan Skemp

5. The length of this field can vary between 7 and 13 characters.

Patient Gender

Subset Number: 3060

Variable Name: patient_sex_code

Definition: A code that indicates the gender or sex of the patient.

Type: String

Length: 1 position

Value:

Code	Definition
M	Male
F	Female
U	Unknown

Specifications: 1. Whenever the diagnosis or procedure is gender-specific, the gender code must be consistent with the annotations to the diagnostic and procedure codes.

Patient Age Group

Subset Number: 3050-AG (calculated variable)

Variable Name: patient_age_group_code

Definition: The patient's age category, by 5-year intervals.

Type: String

Length: 2 positions or less

Value:

Code	Definition	Code	Definition
1	≤ 5 years old	11	51 - 55 years old
2	6 - 10 years old	12	56 - 60 years old
3	11 - 15 years old	13	61 - 65 years old
4	16 - 20 years old	14	66 - 70 years old
5	21 - 25 years old	15	71 - 75 years old
6	26 - 30 years old	16	76 - 80 years old
7	31 - 35 years old	17	81 - 85 years old
8	36 - 40 years old	18	86 - 90 years old
9	41 - 45 years old	19	91 - 95 years old
10	46 - 50 years old	20	≥ 96 years old

Specifications: 1. The actual age of a patient is not allowed to be released, to protect patient confidentiality. As a result, the patient's age is redefined in a calculated variable format, by 5-year categories.
2. The age value is based on the patient's age when a medical service is rendered.

Patient County of Residence

Subset Number: 3070-CTY (calculated variable)

Variable Name: patient_county_code

Definition: A code used to indicate the county where the patient resides.

Type: String

Length: 3 positions

Value:	Code	Definition	Code	Definition
	001	Adams	073	Marathon
	003	Ashland	075	Marinette
	005	Barron	077	Marquette
	007	Bayfield	078	Menominee
	009	Brown	079	Milwaukee
	011	Buffalo	081	Monroe
	013	Burnett	083	Oconto
	015	Calumet	085	Oneida
	017	Chippewa	087	Outagamie
	019	Clark	089	Ozaukee
	021	Columbia	091	Pepin
	023	Crawford	093	Pierce
	025	Dane	095	Polk
	027	Dodge	097	Portage
	029	Door	099	Price
	031	Douglas	101	Racine
	033	Dunn	103	Richland
	035	Eau Claire	105	Rock
	037	Florence	107	Rusk
	039	Fond du Lac	109	St. Croix
	041	Forest	111	Sauk
	043	Grant	113	Sawyer
	045	Green	115	Shawano
	047	Green Lake	117	Sheboygan
	049	Iowa	119	Taylor
	051	Iron	121	Trempealeau
	053	Jackson	123	Vernon
	055	Jefferson	125	Vilas
	057	Juneau	127	Walworth
	059	Kenosha	129	Washburn
	061	Kewaunee	131	Washington
	063	La Crosse	133	Waukesha
	065	Lafayette	135	Waupaca
	067	Langlade	137	Waushara
	069	Lincoln	139	Winnebago
	071	Manitowoc	141	Wood

Specifications: 1. The county code standards are adopted from *Codes for Named Populated Places, Primary County Divisions, and Other Locational Entities of the United States, Puerto Rico, and the Outlying Areas*, the Federal Information Processing Standards Publication 55-3 (FIPS PUB 55-3), and ANSI X3.47-1988, Information Systems - Codes - Structure and Data Requirements for the Identification of Named Populated Places, Primary County Divisions, and Other Locational Entities of the United States and Its Outlying and Associated Areas for Information Interchange.

2. Since the first two digits of the county code in Wisconsin are always 55, only the last three-digit code of the county code is used to represent a county.

3. The patient's county code of residence is derived from the Zip code of the patient's residence. The actual Zip code is not allowed to be released, to protect patient confidentiality.

4. Only counties in Wisconsin will be reported and provided in the data files.

5. Zip codes outside of Wisconsin will be converted to their state code, instead of a county code.

6. Zip codes which are unidentifiable or outside of the U.S. will be replaced by a pseudo county code ('000').

Primary Payer Category Code

Subset Number: 4010

Variable Name: primary_payer_category_code

Definition: Indicates the primary payer(s)' involvement with and/or liability for this claim.

Type: String

Length: 2 positions

Value:	Code	Definition
	09	Self-pay
	10	Central Certification
	11	Other Non-Federal Programs
	12	Preferred Provider Organization (PPO)
	13	Point of Service (POS)
	14	Exclusive Provider Organization (EPO)
	15	Indemnity Insurance
	16	Health Maintenance Organization (HMO) Medicare Risk
	AM	Automobile Medical
	BL	Blue Cross/Blue Shield
	CH	Tricare/CHAMPUS
	CI	Commercial Insurance Company
	DS	Disability
	HM	Health Maintenance Organization
	LI	Liability
	LM	Liability Medical
	MB	Medicare Part B
	MC	Medicaid
	OF	Other Federal Program
	TV	Title V
	VA	Veterans Administration Plan
	WC	Worker's Compensation Health Claim
	ZZ	Mutually Defined; Unknown

Specifications: 1. This element identifies the type of claim submitted.

Secondary Payer Category Code

Subset Number: 4020

Variable Name: secondary_payer_category_code

Definition: Indicates the secondary payer(s)' involvement with and/or liability for this claim.

Type: String

Length: 2 positions

Value: Code   Definition
         09   Self-pay
         10   Central Certification
         11   Other Non-Federal Programs
         12   Preferred Provider Organization (PPO)
         13   Point of Service (POS)
         14   Exclusive Provider Organization (EPO)
         15   Indemnity Insurance
         16   Health Maintenance Organization (HMO)
                 Medicare Risk
         AM   Automobile Medical
         BL   Blue Cross/Blue Shield
         CH   Tricare/CHAMPUS
         CI   Commercial Insurance Company
         DS   Disability
         HM   Health Maintenance Organization
         LI   Liability
         LM   Liability Medical
         MB   Medicare Part B
         MC   Medicaid
         OF   Other Federal Program
         TV   Title V
         VA   Veterans Administration Plan
         WC   Worker's Compensation Health Claim
         ZZ   Mutually Defined; Unknown

Specifications: 1. This element identifies the type of claim
                     submitted.

Service Year

Subset Number: 5050-YY (calculated variable)

Variable Name: service_year

Definition: Year the service was rendered.

Type: Numeric

Length: 4 positions

Value: CCYY

Specifications: 1. The value in the service year field is represented
                     by a 4-digit year based on the ISO standard.
                 2. CC indicates the century of the service year. YY
                     indicates the 2-digit year of the century.

Service Quarter

Subset Number: 5050-QTR (calculated variable)

Variable Name: service_quarter

Definition: Quarter the service was rendered.

Type: Numeric

Length: 1 position

Value: Code   Definition
     1   First Quarter (January, February, March)
     2   Second Quarter (April, May, June)
     3   Third Quarter (July, August, September)
     4   Fourth Quarter (October, November, December)

Specifications: 1. The value is calculated based on the data of services performed.

Diagnosis Code 1

Subset Number: 5031

Variable Name: diagnosis_code1

Definition: Principal diagnosis code used to identify a diagnosed medical condition based on the nature of a patient's illness or injury.

Type: String

Length: 6 positions or less

Value: '706.8' – Asteatosis; '755.20' – Fibula hemimelia

Specifications:
1. Diagnoses should be coded according to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).
2. ICD-9-CM codes are composed of three-, four-, and five-digit codes.
3. When the principal diagnosis is gender- or age-specific, a patient's gender or age should be consistent with the ICD-9-CM code.

Diagnosis Code 2

Subset Number: 5032

Variable Name: diagnosis_code2

Definition: Additional diagnosis code used to identify a diagnosed medical condition based on the nature of a patient's illness or injury.

Type: String

Length: 6 positions or less

Value: '706.8' – Asteatosis; '755.20' – Fibula hemimelia

Specifications:
1. Diagnoses should be coded according to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).
2. ICD-9-CM codes are composed of three-, four-, and five-digit codes.
3. When the principal diagnosis is gender- or age-specific, a patient's gender or age should be consistent with the ICD-9-CM code.

Diagnosis Code 3

Subset Number: 5033

Variable Name: diagnosis_code3

Definition: Additional diagnosis code used to identify a diagnosed medical condition based on the nature of a patient's illness or injury.

Type: String

Length: 6 positions or less

Value: '706.8' – Asteatosis; '755.20' – Fibula hemimelia

Specifications:
1. Diagnoses should be coded according to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).
2. ICD-9-CM codes are composed of three-, four-, and five-digit codes.
3. When the principal diagnosis is gender- or age-specific, a patient's gender or age should be consistent with the ICD-9-CM code.

Diagnosis Code 4

Subset Number: 5034

Variable Name: diagnosis_code4

Definition: Additional diagnosis code used to identify a diagnosed medical condition based on the nature of a patient's illness or injury.

Type: String

Length: 6 positions or less

Value: '706.8' – Asteatosis; '755.20' – Fibula hemimelia

Specifications: 1. Diagnoses should be coded according to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).
2. ICD-9-CM codes are composed of three-, four-, and five-digit codes.
3. When the principal diagnosis is gender- or age-specific, a patient's gender or age should be consistent with the ICD-9-CM code.

Diagnosis Code 5

Subset Number: 5035

Variable Name: diagnosis_code5

Definition: Additional diagnosis code used to identify a diagnosed medical condition based on the nature of a patient's illness or injury.

Type: String

Length: 6 positions or less

Value: '706.8' – Asteatosis; '755.20' – Fibula hemimelia

Specifications: 1. Diagnoses should be coded according to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).
2. ICD-9-CM codes are composed of three-, four-, and five-digit codes.
3. When the principal diagnosis is gender- or age-specific, a patient's gender or age should be consistent with the ICD-9-CM code.

Diagnosis Code 6

Subset Number: 5036

Variable Name: diagnosis_code6

Definition: Additional diagnosis code used to identify a diagnosed medical condition based on the nature of a patient's illness or injury.

Type: String

Length: 6 positions or less

Value: '706.8' – Asteatosis; '755.20' – Fibula hemimelia

Specifications: 1. Diagnoses should be coded according to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).
2. ICD-9-CM codes are composed of three-, four-, and five-digit codes.

3. When the principal diagnosis is gender- or age-specific, a patient's gender or age should be consistent with the ICD-9-CM code.

Diagnosis Code 7

Subset Number: 5037

Variable Name: diagnosis_code7

Definition: Additional diagnosis code used to identify a diagnosed medical condition based on the nature of a patient's illness or injury.

Type: String

Length: 6 positions or less

Value: '706.8' – Asteatosis; '755.20' – Fibula hemimelia

Specifications:
1. Diagnoses should be coded according to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).
2. ICD-9-CM codes are composed of three-, four-, and five-digit codes.
3. When the principal diagnosis is gender- or age-specific, a patient's gender or age should be consistent with the ICD-9-CM code.

Diagnosis Code 8

Subset Number: 5038

Variable Name: diagnosis_code8

Definition: Additional diagnosis code used to identify a diagnosed medical condition based on the nature of a patient's illness or injury.

Type: String

Length: 6 positions or less

Value: '706.8' – Asteatosis; '755.20' – Fibula hemimelia

Specifications:
1. Diagnoses should be coded according to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).
2. ICD-9-CM codes are composed of three-, four-, and five-digit codes.
3. When the principal diagnosis is gender- or age-specific, a patient's gender or age should be consistent with the ICD-9-CM code.

Procedure Code

Subset Number:	5070
Variable Name:	procedure_code
Definition:	Code describing a procedure performed for definitive treatment or to treat a complication rather than for diagnostic, exploratory, or therapeutic purposes.
Type:	String
Length:	5 position
Value:	'97010' – Application of a modality to one or more areas, hot or cold packs.
Specifications:	1. The value is assigned according to CPT-4/HCPCS convention. 2. The procedure code is assessed based on the date of the service performed.

Procedure Charges

Subset Number:	5110
Variable Name:	procedure_charge_amount
Definition:	The amount of charge related to a particular procedure or service.
Type:	Numeric
Length:	18 positions or less
Value:	'123.45' is coded when a charge of $123.45 is indicated.
Specifications:	1. Two decimal places are required when the amount of charge is not an even dollar amount. 2. Decimals after the second-decimal position are removed when the charge is loaded into the POV database.

Facility Name

Subset Number:	5182
Variable Name:	facility_name
Definition:	The legal or corporate name of the facility where the service was performed, used to distinguish one business entity from another.
Type:	String

      Length: 95 positions or less

      Value: BHI Clinic – Capital Center

Specifications: 1. This element contains the name of the facility where services were rendered.
             2. A medical facility may be used by different providers or affiliations.

Facility Address 1

Subset Number: 5191

Variable Name: facility_street_address_text

    Definition: A single data element typically composed of the following components: primary number, Pre-Directional, Street Name, Street Suffix, Post-Directional, Secondary Unit Indicator.

        Type: String

      Length: 55 positions or less

       Value: '123 MAIN STREET' is coded when the street address of the facility where service was rendered is 123 Main Street.

Specifications: 1. This field consists of the street address of the facility where service was rendered.

Facility Address 2

Subset Number: 5192

Variable Name: facility_po_box_route_text

    Definition: A single data element typically composed of one of the following components: PO Box, Highway Contract Route, or Rural Route Number.

        Type: String

      Length: 55 positions or less

       Value: 'PO BOX 309' is coded when the address of the facility where the service was performed is PO Box 309.

Specifications: 1. If both P.O. Box number and street address are used, P.O. Box number must be placed in street address 2.

Facility City Name

Subset Number: 5193

Variable Name: facility_city_name

Definition: The name of the municipality associated with the local post office for the address where the service was rendered.

Type: String

Length: 52 positions or less

Value: 'MADISON' is coded when a service was performed in Madison, Wisconsin.

Specifications: 1. This element contains the name of the city where the facility in which the service was rendered is located.

Facility State Code

Subset Number: 5194

Variable Name: facility_state _code

Definition: The state code of facility where the service is rendered.

Type: String

Length: 2 positions

Value: 'WI'

Specifications: 1. The state code is used to identify one of the 50 U.S. states as defined by the Federal Information Processing Standard for Codes for the Identification of the States, the District of Columbia and the Outlying Areas of the United States, and Associated Areas.
2. Since POV data collection only involves services rendered in Wisconsin, the state code of the facility where the service is rendered must be 'WI'.

Facility Zip Code

Subset Number: 5195

Variable Name: facility_zip _code

Definition: A code used to facilitate the delivery of mail to the address where the service was rendered.

Type: String

Length: 10 positions or less

Value: '53575' is coded for the village of Oregon, Wisconsin.

Specifications:
1. ZIP codes in the range of 53001 – 54999 are valid Wisconsin ZIP codes.
2. No punctuation (such as a hyphen) in the ZIP code is included.
3. A valid ZIP code can be in either five- or nine-digit format.

Comment

Subset Number: 9010

Variable Name: comment_text

Definition: Information, including comments and notes associated with the record, provided by BHI.

Type: String

Length: 155 positions or less

Value: 'Inconsistency between patient gender and diagnosis code'

Specifications:
1. This field is reserved by BHI for other reporting purposes.
2. The value above is an example of a comment. BHI might include this comment if an inconsistency was detected between the patient's gender and one of the diagnosis codes, and the inconsistency was not resolved during the editing process.

Record Structure

This section outlines the record structure and nomenclature of the POV Public Data Use File.

Variable-Length Record Structure

The POV Public Use Data File adopts a variable-length record structure for data submission. Variable-length records are those containing fields where the length is neither fixed nor specified. The field length will vary depending on the data being stored. Advantages of applying the variable-length record format include minimizing file size by reducing unnecessary spaces, optimizing the amount of information in a field by not truncating data based on a pre-specified fixed-length format, and optimizing data processing speed and time.

Since the variable-length record structure does not specify individual field lengths and locations for any data elements in a record, it is important to have delimiters to mark or separate distinctive fields as well as records. In the file, two types of delimiters are utilized for distinguishing the beginnings and endings of fields and records.

	Field delimiter:	The character "|" separates two fields in a record. The first field of a record only needs a field delimiter between itself and its following field. The last field of a record needs no field delimiter at its end.
~	Record delimiter:	The record delimiter "~" is always placed at the end of a record to distinguish two contiguous records. A record delimiter does *not* precede the first record.

Missing Data

Elements that do not contain any value are treated as missing data. When the information for a data element field is absent, a null or blank character will be placed between two field delimiters. For example, a record with two missing data elements should look like the following:

```
XQ200314|M|99231|52.36||Green Bay||WI|…
```

If the missing information occurs in the last field, a null or blank character should be placed between a record delimiter and a field delimiter. The example below shows that the content in the last field of the record is absent.

```
WJT007|M|99231|52.36|Dane|Madison|WI|~
```

Record Layout

The data elements in a public use file record are listed in Table 3 by order of their appearance. The list contains the basic information for an element field: name, type, and length.

Table 3. Record Layout

Element Name	Order	Type	Length
Affirmed record ID	1	String	≤13
Patient's gender	2	String	1
Patient's age group	3	String	≤2
Patient's county of residence	4	String	3
Primary payer category code	5	String	2
Secondary payer category code	6	String	2
Service year	7	Num.	4
Service quarter	8	Num.	1
Diagnosis 1 (Principal)	9	String	≤6
Diagnosis 2	10	String	≤6
Diagnosis 3	11	String	≤6
Diagnosis 4	12	String	≤6
Diagnosis 5	13	String	≤6
Diagnosis 6	14	String	≤6
Diagnosis 7	15	String	≤6
Diagnosis 8	16	String	≤6
Procedure code	17	String	5
Procedure charge amount	18	Num.	≤18
Facility name	19	String	≤95
Facility street address 1	20	String	≤55
Facility street address 2[*]	21	String	≤55
Facility city name	22	String	≤52
Facility state code	23	String	2
Facility ZIP code	24	String	≤10
Comment	25	String	≤155

[*] If both P.O. Box number and street address are used, P.O. Box number must be placed in street address 2.

File Definitions

This section is intended to address technical specifications in organizing datasets as well as other relevant documentation required in the POV Public Use Data Files.

Format

To maximize the compatibility among various users' systems, all of the datasets in public use data files are formatted as ASCII text without any special characters. Reference documents such as the User Guide are formatted in an Adobe Portable Document Format (PDF) form, which require users to have Adobe Acrobat Reader installed on their machines before viewing them.

Type and Naming Convention

The POV Public Data Use Files are distributed based on their edition. The file name for a data file consists of two parts: *product edition identifier*, *releasing ID*, and *partition ID*. The file name also includes an extension name "TXT," indicating that the file is stored in an ASCII text format. Below is a prototype name for the report file.

[Product Edition Identifier]_[Releasing ID]_[Partition ID].TXT

The *product edition identifier* for a Standard Edition public use file is set to "SE." The *releasing ID* is used to indicate the reporting year and period of the data collected and submitted. It consists of three alphanumeric positions. The first two positions are the reporting year in a two-digit year format. The third position is a one-digit number indicating the reporting period of the data set. For instance, "031" means that the data in the Standard Edition public use data file are collected from Year 2003 and Reporting Period 1.

Due to the large size of the released POV data sets, several partitions may need to be created for storage purposes. The partition ID is organized by a set of serial numbers representing the sequence of each partition file. For instance, a data set containing three million records may be split into three partition files. Each partition file has one million records. A partition ID, "P1," is assigned to the first file. Similarly, partition IDs "P2" and "P3" can be assigned to the second and third files.

The following example summarizes how a publics use data file is identified and named. BHI releases a Standard Edition public use data file for Reporting Year 2003 and Period 1. The data set is split into three partition files, due to the capacity of the storage mechanism. The name of each data file is: SE_031_P1.TXT, SE_031_P2.TXT, and SE_031_P3.TXT.

Data Use Agreements

Data Use Agreement Requirement

Every user of the POV Public Use Data Files is required to sign a Data Use Agreement. Without a properly signed and notarized data use agreement, a person is prohibited from accessing the POV Public Use Data Files. This document addresses user obligations and commitments regarding the privacy and confidentiality provisions promulgated by Federal and State regulations

Data Use Restrictions

Chapter 153, Wisconsin Statutes, requires the Department of Health and Family Services (DHFS) to protect the identity of all patients about whom data are collected under this chapter. The Bureau of Health Information (BHI) does all it can to assure that the identity of data subjects cannot be inferred. All direct identifiers, as well as any characteristics that might lead to identification of individual patients, are omitted from the public use data files.

Any intentional identification or disclosure of the identity of any person, or any use of the data for any purpose other than analysis and aggregate statistical reporting violates s.153.45, Wis. States., "Release of data," s.153.50, Wis. States., "Protection of patient confidentiality," and the data use agreements. Purchasers of the POV Public Use Data Files must complete, and have notarized a Data Use Agreement before acquiring the files.

The data or their elements may be re-released by initial purchasers based on regulations stated under HFS 120.31 (3)(d-h), Administrative Code. In order to re-release them, the initial purchasers have to submit a request to DHFS, including the nature of the proposed re-release, the person or entity who will be receiving the data, and the data use agreements. Without receiving written authorization and approval from the Department, no data or their elements can be re-released. In addition, the Department also has to receive a signed and notarized Data Use Agreement from the subsequent user.

Civil Liability

Any person, organization, or corporation violating patient confidentiality provisions under s. 153.50 or rules promulgated under s.153.75(1)(a), Wis. States., is liable to the patient for actual damages and costs, plus exemplary damages of up to $1,000 for negligent violation and up to $5,000 for an intentional violation.

Criminal Sanctions

Whoever intentionally violates data release and data re-release provisions under s.153.45(4), 153.45(5), or rules promulgated under s.153.75(1)(a), Wis. States., may be fined not more than $10,000 or imprisoned for not more than nine months or both.

Citing POV Data

Any statistical reporting or analysis based on the POV Public Use Data Files shall cite the source as the following:

Wisconsin Physician Office Visit Public Use Data Files ([year and quarter of data]). Bureau of Health Information, Wisconsin Department of Health and Family Services. Madison, Wisconsin. [Date of publication].